BUSINESS PERSONAL SAVINGS FORM

Note: Costs incurred against the shared savings of the company must be supported by receipts according to normal guidelines and submitted with this form in the travel receipts envelope to your Travel Settlement Office.

Name	Name		Business Destination			
Trip Numbe	r					
Actual Trav	el Days: (Inclu	ude business	s & pers	sonal)		
Date of	Departure					
Date of	Return					
-	usiness Travel Departure	Days: (Inclu	de the (days you wo	uld have traveled)	
Date of	Return					
Airfare for B	usiness Days					
Less Actual	Airfare (requires	a TMP cost	simulati	on)		
Airfare Savi	ngs					
75% of Savi	ings					
lodging, car requalify for the	ntal, and addition in the lower fare. The	onal parking staff membe	at busi er is res	ness locatio ponsible for	your additional expenses n) for the time period ne any additional costs.	cessary to
A copy of your is package.	tinerary showing	comparable a	airfare q	uotes is requ	ired and must be included	in receipt
OPTIONAL						
Date	Hotel	\$	M&IE	\$	Transportation \$	
Date	Hotel	\$	M&IE	\$	Transportation \$	
Date	Hotel	\$	M&IE	\$	Transportation \$	
Date	Hotel	\$	M&IE	\$	Transportation \$	
Date	Additiona	1 Parking \$				